

# Carfax Health Enterprise CIC

## Quality Report

Swindon Health Centre

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carfax Health Enterprise (also known as Carfax Medical Centre) on 13 January 2016. Overall the provider is rated as good. Specifically the provider is rated good for delivery of safe, effective, caring and well led services. The provider is rated as requires improvement for delivery of responsive services as some improvements should be made.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Training and development was supported by management.

- The provider recognised the needs and delivered services appropriately for patients from ethnic minorities and for those with a disability.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a GP.
- The provider was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Placements were offered for nurses in training.

The areas where the provider should make improvement are:

# Summary of findings

- Ensuring patients attending the walk in centre are informed of the standard to be seen and treated within four hours. Also introduce a system of keeping patients informed of the waiting time likely to be experienced.
- To provide an induction loop to assist patients who use hearing aids.
- Seek consent from the patient to share information with a third party lodging a complaint on the patient's behalf.
- Ensure the virtual patient group is formalised to facilitate structured feedback from patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The provider is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events across both the practice and the walk in centre.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Systems were in place to ensure there were sufficient staff on duty to keep patients safe.

### Are services effective?

The provider is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly at or above average for the locality and compared to the national average.
- The practice achieved 93% of the national targets for care of patients diagnosed with diabetes.
- The outcomes for patients diagnosed with diabetes, and on the diabetes register, were similar or better than national averages. For example, patients achieving the target cholesterol levels was 80% compared to the national average of 81% and achievement of a specific blood glucose target was 80% against the national average of 78%. Maintaining achievement of treatment targets for patients with long term conditions was complex because of the transient population.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The provider is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example, 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Staff were aware of how to get such information translated into other languages.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.

**Good**



## Are services responsive to people's needs?

The provider is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the provider had been awarded the contract for Tuberculosis screening for the population of Swindon and North Wiltshire. Patients would have to travel for this service if not provided locally. This provided a valuable screening and public health service for the area.
- The practice and walk in centre were also delivering care and treatment to the homeless population of Swindon.
- The practice had researched the immunisation programmes in other countries to ensure children received appropriate immunisations.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, the waiting room had been reorganised to allow better access for wheelchair users.
- Patients were able to access appointments and services in a way and at a time that suited them. The practice was open from 8am to 8pm every day and the walk in service was open from 7am on weekdays.

**Requires improvement**



# Summary of findings

- Patients who were waiting a long time could be moved between the walk in centre and the GP practice to be seen more quickly.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff.

However,

- Because the practice and walk in service planned to move to new premises in 2017 there had been little investment in the current premises. They were in need of refurbishment.
- Despite the lengthy opening hours offered the results of the national patient survey were mixed. For example 39% patients of patients registered with the GP practice said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%. Also 85% of patients surveyed said the last appointment they got was convenient compared to a CCG average of 90% and national average of 92%.
- Consent from complainants to share information with a third party on their behalf was not always sought.
- Patients were not aware of the target to be seen and treated at the walk in centre.
- Patients were not kept informed of the expected waiting time at the walk in centre.

## Are services well-led?

The provider is rated as good for being well-led.

- The practice had a clear vision with quality and safety as its top priority.
- High standards were promoted and owned by all staff and teams worked together across all roles.
- Governance arrangements had been proactively reviewed and took account of current models of best practice. The management team had arrangements in place to monitor and improve quality and identify risk.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The provider had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider is rated as good for the care of older patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. However, fewer than 5% of the registered patients were aged over 65.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were at or above average. For example the practice had achieved all the targets for treating patients with lung disease.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was similar to the national average.

### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 93% of the national targets for care of patients diagnosed with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP or nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

The provider is rated as good for the care of families, children and young patients.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number



# Summary of findings

of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. This was achieved by aligning the national immunisation programme with that of a number of other countries.

- 87% of patients on the Asthma register had received an annual review compared to the CCG average of 74% and national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## Working age people (including those recently retired and students)

The provider is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available after 6.30pm every weekday and from 8.15am to 7.15pm on both Saturday and Sunday.
- Patients who had not had the opportunity to book an appointment could be seen at the walk in centre.

Good



## People whose circumstances may make them vulnerable

The provider is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered services to all homeless people in Swindon.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered a service to patients who were unable to register at other practices in the area.

## People experiencing poor mental health (including people with dementia)

The provider is rated as good for the care of patients experiencing poor mental health (including patients living with dementia).

- 94% of patients with a severe mental health problem had a care plan compared to 87% CCG average and national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice reviewed 93% of patients diagnosed with depression within the target timescale compared to a CCG average of 87% and national average of 85%.
- The practice undertook shared care for patients who were substance misusers and offered a needle exchange scheme.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 covered a period from July 2014 to March 2015. The results showed the practice was performing similarly to local and national averages. Survey forms were distributed to 444 patients and 98 were returned. This represented less than 1% of the practice's patient list and was a 22% return rate.

- 73% found it easy to get through to this surgery by phone compared to the CCG average of 75% and national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%. However, 9% said they could not get an appointment compared to the CCG and national average of 11%.
- 95% said they were happy with the practice opening hours compared to the national average of 77%.
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which all contained positive comments about the standard of care received. We were unable to tell whether the patients who completed the comment cards attended the GP practice or the walk in centre. All patients said the staff were helpful and polite and that the GPs and nurses gave them enough time during their appointments. The negative comments received referred to waiting two weeks for routine non-urgent appointments and to waiting for up to four hours to be seen at the walk in centre.

We spoke with 21 patients during the inspection. All 21 patients said they were happy with most aspects of the care they received and thought staff were approachable, committed and caring.

We also reviewed a sample three months results of the friends and family test. Patients who completed this test were asked if they would recommend the provider to others. We saw an 85% recommendation rate had been achieved.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensuring patients attending the walk in centre are informed of the standard to be seen and treated within four hours. Also introduce a system of keeping patients informed of the waiting time likely to be experienced.
- To provide an induction loop to assist patients who use hearing aids.
- Seek consent from the patient to share information with a third party lodging a complaint on the patient's behalf.
- Ensure the virtual patient group is formalised to facilitate structured feedback from patients.

# Carfax Health Enterprise CIC

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Carfax Health Enterprise CIC

Carfax Health Enterprise is located in the centre of Swindon, it provides both a GP practice service and a walk in centre. It is near both the bus and train stations. It shares the Swindon Health Centre with a range of other health services including another GP practice. The premises are dated and all services are due to move to a larger purpose built health centre, nearby, in 2017. There is a car park next to the health centre and public transport links are good.

A total of 75 staff work at the provider across both the walk in centre and GP practice. There are 14 GPs. Thirteen of the GPs work part time and all are salaried GPs. Eight of the GPs are female and six male. A team of 10 nurses and four health care assistants work in the GP practice. The walk in centre is staffed by a team of 11 nurses, four emergency care practitioners and one associate practitioner. The GPs and nurses are supported by an administration and reception team of 28. The walk in centre is a nurse led service. Advice can be sought from the practice GPs when the nurse practitioners and emergency care practitioners require it.

The provider is managed by a board of directors on a not for profit basis. The board comprises a medical director who is a practicing GP, two registered nurses, the managing

director, company secretary and director of operations. The board are based at Carfax NHS Medical Centre. The practice and walk in centre opened in 2009. The service is operated under an Alternative Provider Medical Services (APMS) contract (APMS contracts are locally negotiated and are open to both NHS practices and voluntary sector or private providers). Both the GP practice and Walk in Centre were managed under the one contract. The provider is subject to regular monitoring of contract performance by NHS England.

The provider shares the training for qualified doctors wishing to become GPs with another local practice. They also offer placements for nurses in training.

There is a registered practice population of approximately 12,500 patients and the walk in centre achieves over 32,000 patient contacts each year. Patient turnover is above average due to a high density of short term rented accommodation nearby and a significant number of patients arriving from, and departing to, other countries. Services offered from Carfax NHS Medical Centre include; minor illness and minor injury walk in, scheduled appointments for unregistered patients, substance misuse shared care, care of homeless people, needle exchange, appointments for violent patients unable to register elsewhere and Tuberculosis screening for the population of Swindon and North Wiltshire.

The GP practice is open between 8am and 8pm every day of the year. The first appointment is at 8.15am and the last appointment at 7.15pm. The walk in centre is also open every day until 8pm and it opens at 7am on weekdays (except on weekends and Bank Holidays when it opens at 8am).

# Detailed findings

When both services are closed out of hours (OOH) services are provided by Sequol. Telephone calls to the practice out of hours are automatically transferred to 111. Information about how to contact the out of hours service is on the practice website and in the practice leaflet.

All services are provided from; Carfax NHS Medical Centre, Swindon Health Centre, Carfax Street, Swindon, Wiltshire, SN1 1ED.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people living with dementia).

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We were aware that the provider was due to move in to new, purpose built premises, in 2017.

We carried out an announced visit on 13 January 2016. During our visit we spoke with a range of staff including four GPs, three advanced nurse practitioners, an emergency care practitioner, a nurse and five members of the reception and admin team. We met with the director of operations and the clinical directors on the board of directors. We also spoke with patients who used the service. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. The system was integrated across both the GP practice and nurse led walk in centre.

- Staff told us they would inform a senior manager of any incidents or they would complete a recording form which was available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- All new diagnoses of cancer were recorded as significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared with all staff to make sure action was taken to improve safety in the practice. For example, when one of the advanced nurse practitioners had concerns regarding a patient with an unusual lump in their neck they involved a GP in a joint consultation. The GP made an immediate urgent referral and the patient was seen and entered treatment for a cancer within two weeks. The incident was shared with the clinical teams to ensure all remained vigilant and acted promptly in similar circumstances. Also when a nurse undertaking a diabetes review for a patient noticed that a test result had not been followed up they recorded this as significant incident. The need for all GPs to ensure action was taken on test results was reinforced.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children and had undertaken training in safeguarding vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were notices on the doors of every clinical room advising patients that chaperones were available if required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the senior members of the nursing team was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. For example, we saw staff had received hand hygiene training and staff adherence to the hand hygiene procedures had been subject to audit. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was a clear process for monitoring cleaning standards in consulting and treatment rooms and we saw that when expected standards were not attained quick action was taken to ensure improvement. This included health care assistants and nursing staff supplementing the cleaning of clinical areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Sixteen of the nurses had qualified as independent prescribers and were therefore able to prescribe medicines. They

## Are services safe?

received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed 15 PGDs and all were appropriately authorised and were within date. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We reviewed eight individual personnel files, and other records held by the provider, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications were held in personnel files. There was a central record of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that the practice issued a reminder to nurses when they needed to renew their registration with their professional body.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The smear takers took part in audit of their success rates and we saw that all were achieving high levels of successful smear taking.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives. There was an up to date fire risk assessment and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, there were always GPs on duty to provide sufficient appointments for patients based on assessment of workload. Arrangements were in place for staff to cover each other during holidays and any unexpected absences.

### Arrangements to deal with emergencies and major incidents

The provider had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in one of the walk in centre treatment rooms.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was last updated in October 2015. There was an on-call rota amongst the directors and they had access to the business continuity plan to co-ordinate the response to an emergency should one occur.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussions at practice meetings and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the clinical commissioning group (CCG) and national averages. The practice achieved 93% compared to the CCG average of 90% and national average of 89%.
- The percentage of patients with hypertension who achieved the target blood pressure was above the CCG and national average. The practice achieved 87% compared to the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages. The practice achieved 100% compared to the CCG and national average of 93%.

We noted that the practice exception rate was 2% above the national average and 1% above the CCG rate.

Therefore, we reviewed the practice processes for excepting patients from the monitoring standards. We found the system required clinical approval from a GP and the director of nursing before an exception could be made. We looked at a sample of patients excepted from monitoring and saw that significant effort was made to encourage the patient to attend for the review of their long term condition. This included at least three letters and a phone call. We were told that a significant number of patients with long term conditions spent part of the year abroad and that this made contact and follow up difficult.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken in the last two years. Three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the provider to improve services. For example, recent action taken as a result included ensuring all patients taking anti-inflammatory medicines were also prescribed a second medicine to reduce the risk of developing stomach problems. When the first audit took place there were 30 patients who were not receiving the second medicine. The second audit showed that all 30 patients had been reviewed and the second medicine prescribed.

Information about patients' outcomes was used to make improvements such as, adding a mid-year recall for patients with diabetes who were not managing their condition effectively.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The provider was able to demonstrate how they ensured role-specific training and updating for relevant staff at both the GP practice and the walk in centre. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking



# Are services effective?

## (for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Those who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nurses who were qualified to prescribe gave us examples of how they maintained their knowledge in the range of medicines included in their remit of prescribing. The advanced nurse practitioners and the emergency care practitioners we met were also able to demonstrate how they maintained their knowledge in dealing with both minor illnesses and minor injuries.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support through day to day discussions with their managers, one-to-one meetings, appraisals and mentoring. GPs and nurses received clinical supervision, when required, and facilitation and support for revalidating GPs was available. All staff, who had been in post for over a year, had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of online learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. Staff were able to obtain translation of information leaflets for patients whose first language was not English.
- The provider shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored by audit.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on alcohol cessation and those with a learning disability. Patients were then signposted to the relevant service.
- The GPs referred patients for advice and support when appropriate. For example, to dieticians and the local healthy eating group for dietary advice and to the local gym for exercise classes. Smoking cessation advice was available from nurses employed by the provider.
- Referrals to counsellors and the local citizen's advice bureau were made as and when appropriate.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical

# Are services effective?

(for example, treatment is effective)

screening test and the practice made significant efforts to encourage eligible patients to take up the screening programme. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice exception rate was significantly higher than the national average at 37% compared to 7%. This was due to a high number of patients from a specific ethnic group declining screening for cultural reasons. The practice also demonstrated that patients from South America and some Eastern European countries returned to their native countries for annual screening rather than take up the three to five year programme in England.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We noted that 32% female patients eligible for breast cancer screening had formally declined to take part in the programme. The practice was able to demonstrate this was largely due to cultural reasons.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages for under two's. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90%

to 100% compared to the CCG averages of 94% to 100%. This relatively high performance was achieved by ensuring the immunisation programme in England was aligned with immunisations already received by two year olds registering from other countries. However, the performance for immunisations of five year olds ranged between 65% and 96% compared to the CCG range of 93% to 98%. The take up of these immunisations was affected by families moving between countries and the high levels of de-registration and re-registration.

Flu vaccination rates for the over 65s were 72% compared to the national average of 73%. For at risk groups 62% which was above the national average of 53%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice achieved 100% of the public health targets included in QOF. These included prevention of heart disease and offering smoking cessation advice.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the provider offered a responsive service and staff were helpful, caring and treated them with dignity and respect. Ten of the comment cards also contained less positive comments on some aspects of the service. For example some patients commented on the length of time they waited when attending the walk in centre. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

### Care planning and involvement in decisions about care and treatment

The 21 patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that the practice offered 15 and 30 minute appointments and that 30 minute appointments were given to patients who required a translator to be present during their consultation. Patient feedback on the comment cards we received was also positive and aligned with these views. This included patients who had attended the walk in centre.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 85% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

Data showed that 94% of patients with severe mental health problems had a care plan. This was above the CCG average of 87% and the national average of 86%. In addition the practice exception rate was 2% below local and national averages for this measure.

Staff told us that translation services were available for patients who did not have English as a first language. We saw information at the main reception advising patients this service was available.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the GP practice offered a service to patients who were unable to register with other GPs in the area because they had been violent or abusive in the past.

- The GP practice was open every day. Patients who were unable to attend for an appointment during common working hours could be seen either in the evening with appointments available until 7.15pm or at weekends.
- All appointments were a minimum of 15 minutes.
- There were longer appointments available for patients with a learning disability and for those who required an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was not available at the main reception. There were only 570 of the 12,500 registered patients aged over 65 and few used hearing aids.
- There was a lift to take patients to the GP practice on the first floor.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it difficult to use or access services.

### Access to the service

The GP practice was open between 8am and 8pm every day of the year. The walk in centre was also open every day of the year and opened at 7am on weekdays.

Appointments were from 8.15am to 7.15pm every day. Pre-bookable appointments were available up to four weeks in advance, urgent appointments were also available for patients that needed them. The walk in centre was open from 7am to 8pm every weekday and from 8am to 8pm at weekends and on bank holidays. Appointments were available for patients registered at other practices when the patient's own practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages for most questions asked.

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 79%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.

However,

- 39% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.
- 85% of patients surveyed said the last appointment they got was convenient compared to a CCG average of 90% and national average of 92%.

We saw that there were enough GPs on duty. However, many worked part time hours and did not work at the practice every day of the week. The opportunity for patients to speak to their preferred GP if that GP worked part time was therefore limited. The working arrangements did ensure there were enough GPs on duty to meet demand.

At times of peak demand patients were offered the opportunity to be seen more rapidly by moving between the practice and the walk in centre, or vice versa, if one was less busy than the other.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them. However, some of the patients who completed comment cards and some of those we spoke with said that they often waited up to two weeks for a routine appointment. Our review of the practice appointment system confirmed this to be the case. We also received comments directly, and via comment cards, that the wait in the walk in centre could be up to four hours. The performance target for the walk in centre was to see and treat 90% of patients within four hours. We saw that this target was met from monitoring data we reviewed. The provider did not publicise the waiting time target in the centre and we did not see any means of advising patients how long they might expect to wait when they attended the walk in centre.

# Are services responsive to people's needs?

(for example, to feedback?)

The provider rented space in Swindon Health Centre and recognised the premises were in need of redecoration and refurbishment. They were also aware that patients who submitted comments to NHS choices had referred to the poor state of the premises. There was a plan to move to new purpose built premises in 2017 and we noted that these plans were approved by the local authority. Consequently essential maintenance of the current premises was undertaken but, no development or improvement was planned because the premises would be vacated and demolished by mid-2017.

## Listening and learning from concerns and complaints

The provider had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Information was available from reception, displayed on notice boards, detailed in the patient leaflet and on the website.

There had been 25 complaints in the last year from patients who had used both the walk in centre and the GP practice. We looked at six of these in detail. All had been subject to investigation and a full and honest reply. The patient who had lodged the complaint was given an apology and an offer to meet with a senior manager to discuss their concerns. There were three complaints recorded where a relative had complained on behalf of the patient. We noted that the provider had not sought the consent of the patient to deal with the relative on their behalf. This did not follow best practice in seeking, and recording, permission from the patient to divulge information to a third party. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient complained of having a reaction to tape used to cover a wound nurses were reminded to check if patients had experienced any problems with adhesive dressings in the past.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients.

- The provider had a mission statement which staff knew and understood.
- The provider had a robust strategy and supporting business plans which reflected the vision and values of the service. This was regularly monitored.

The provider produced an annual plan which identified opportunities to develop the existing services and expand the range of services offered. For example, negotiations were underway with the out of hours service to provide a home care support service. The plan also identified risks and actions to mitigate any identified. For example, the provider identified the difficulties they had in obtaining patient feedback in a structured way from a patient group. Attempts to form a group had been unsuccessful and an online service to share information with patients and obtain their input to service development was being implemented.

### Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and high quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- The provider was required to produce performance reports for the clinical commissioning group (CCG). Performance data we reviewed showed the provider was meeting the targets set and in some cases exceeding the targets. For example, 99% of patients attending the walk in centre were seen, treated and discharged within four hours against a target of 90%.
- Practice performance was maintained and improved by active management.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

- There were robust arrangements for identifying, assessing and managing risks. When risks were identified mitigating actions were put in place.

### Leadership and culture

The board of directors had the experience, capacity and capability to run the service and maintain high quality care. They prioritised safe, high quality and compassionate care. The directors were visible in the practice, and walk in centre. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The directors encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The provider gave affected people reasonable support, truthful information and a verbal and written apology
- The provider kept written records of safety incidents and the actions taken to reduce the chance of recurrence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there were regular team meetings. Minutes we reviewed confirmed this.
- There was an open culture within the service and staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We saw the agenda for an upcoming team meeting on a staff notice board. Staff were encouraged to add items to the agenda by entering the topic they wished to discuss on the agenda.
- Staff said they felt respected, valued and supported by the directors and their line managers. All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The directors encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice was able to demonstrate that they had made at least three attempts to fulfil their contract requirement to form a patient participation group (PPG). These had proven unsuccessful. Formation of an online patient feedback group was underway. However, the practice encouraged feedback by provision of a suggestions box and asking patients to complete the friends and family test. We saw that the provider responded to comments from patients received either via the suggestions box or the friends and family test. For example, the layout of the waiting room was changed to enable better access for wheelchair users. Also when patients asked for information about the GPs a display with the GPs photographs and their names was installed at the main reception.
- The provider gathered feedback from staff through day to day discussions, appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example reception staff suggested they used the isolation room as a private area if a patient wished to speak to them in confidence away from the reception area. Staff told us they felt involved and engaged to improve how the service was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The team was forward thinking and took part in local schemes to improve outcomes for patients in the area. For example, it was the Tuberculosis centre for Swindon and North Wiltshire and the centre for delivery of care and treatment to homeless people in Swindon. It worked with another practice in the area to offer the opportunity for qualified doctors to train as GPs. This meant that GPs in training were able to experience both general practice and supporting the nurse led walk in centre service.

The provider had commenced offering placements for nurses in training in September 2015. They recognised that giving the opportunity to experience primary care and walk in services could encourage nurses to enter this field of nursing care. We were shown an audit tool the provider had developed to obtain feedback from nurses in training at the end of their placements in 2016.